

Arizona Department of Revenue

Notice of Assumption of Duties

In a Fiduciary Capacity

NOTICE IS HEREBY GIVEN OF THE ASSUMPTION OF DUTIES IN A FIDUCIARY
CAPACITY IN THE ESTATE NAMED BELOW PURSUANT TO ARS SECTION 43-1346.

If you have any questions concerning this form, contact the Fiduciary Unit at (602) 542-4022

Mail to: FIDUCIARY UNIT, ARIZONA DEPARTMENT OF REVENUE, 1600 W MONROE, Room 610, PHOENIX AZ 85007-2650

Section I: Decedent Information

Full name of decedent	Decedent's social security number	Decedent's date of death
	Estate's federal employer I.D. number	Decedent's date of birth
Full name of spouse	Spouse's social security number	If spouse is deceased, date of death
	Last known home address of decedent	

Date domicile established in Arizona (if nonresident, describe Arizona property on a separate schedule)

Mailing address, if different from home address

Section II: Fiduciary Information

Name of fiduciary	Telephone
Address	

Section III: Probate Information

County in which estate is being probated	Probate number	Date of fiduciary's appointment
Name of attorney	Telephone	
Address		

Section IV: Estate Information

Approximate value of entire gross estate	Approximate value of probate estate
Name, address, and social security number of beneficiary(ies). Attach extra sheet with additional name(s), address(es), and social security number(s).	

Section V: Termination of Fiduciary Relationship

Complete this section only if you are terminating a prior notice of a fiduciary relationship.

Check this box if you are terminating a prior notice concerning fiduciary relationships on file with the Arizona Department of Revenue

Enter date fiduciary capacity was terminated

<input type="checkbox"/>									
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Signature of Fiduciary

Title

Date